MARY LOW CARVER SOCIETY

Members of the **Mary Low Carver Society** indicate their meaningful support by contributing $10,000 in unrestricted gifts:

Qualification Criteria: an outright gift of $10,000 or more
OR
a signed pledge to pay $1,000 per year for 10 years

Your support of the Sigma Kappa Foundation through the **Mary Low Carver Society** provides scholarships for alumnae and collegians; educational and leadership programming for the Sorority, including *Promise*; Convention and COTS speakers; field consultant visits; and much more.

Mary Low Carver Society Membership Form

I accept the Board of Trustees' invitation to become a member of the Mary Low Carver Society.

I understand my past unrestricted gifts totaling $_____ will count toward my Mary Low Carver Society commitment of $10,000 payable at not less than $1,000 per year for 10 years.

_____
Name Initiation Chapter

_____
Address City State Zip

(_____)_____ _____
Telephone Number E-mail

_____Enclosed is my **unrestricted** gift of $_____ (Please make check payable to: **Sigma Kappa Foundation)**

_____Please charge my Visa/MasterCard account number: _____

Exp. Date: _____ Signature: _____

Please select one of the following:

_____ Please bill me annually for $1,000 _____ Please bill me quarterly _____ Please bill me monthly

Preferred month: _____

_____ _____
Date Signature

Your gifts are fully tax-deductible and greatly appreciated!

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